## SUBMIT COMPLETED ORIGINAL APPLICATION, TAX STATEMENT AND FEE TO:

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Washburn, WI 54891 (715) 373-6138 Bayfield County Zoning Department P.O. Box 58

## APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONS

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Baylield Co. Zoning Dept

ECIAL USE∏ B.O.A.		Amount Paid:	Zoning District	Date: 10	Application No.	
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OTHER			35		1-0376	
	Pac		220		U <sub>k</sub>	

¶ ☐ Residential Other (explain) INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICAN Changes in plans must be approved by the Zoning Department. Legal Description LAND USE Property Owner Gov't Lot Address of Property Lot Use Tax Statement for Legal Description 🞵 Residential Accessory Building (explain) Is your structure in a Shoreland Zone? Telephone ☐ Residential Addition / Alteration (explain) ☐ \* Residence w/deck-porch (# of bedrooms) □ ※ Residence or Principal Structure (# of bedrooms) Fair Market Value Sco 🕏 ☐ Residential Accessory Building Addition (explain) Residence sq. ft New FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES Plat SANITARY [] -Lot outlot o, տ Ç 1/4 of Bayshore Ŗγ Addition Outlot Forbes -S<sup>Block</sup> \_(Home) Porch sq. ft of Deeds Deck(2) sq. ft PRIVY 🗀 Square Footage Yes Hgt **[2**4] of Section 2311 MZ 35 8 Parcel I.D. CONDITIONAL USE 77 SubdivisionBayshore 23 Children Grund If yes. 04-006-2-50-04-23-3-00-129-06000 (Work) Township\_50 Basement: Distance from Shoreline: greater than 75' XI 75' to 40' Written Authorization Attached: Authorized Agent Greg Carrier Contractor Carrier ☐ Commercial Accessory Building Addition (explain) □ Commercial Accessory Building (explain) ☐ Commercial Principal Building Addition (explain) ☐ Commercial Principal Building ☐ Mobile Home (manufactured date) Sanitary: ☐ External Improvements to Principal Building (explain) ☐ Special/Conditional Use (explain) ☐ Commercial Other (explain) Type of Septic/Sanitary System Port ☐ External Improvements to Accessory Building (explain) Hgts New Yes Melerotto CSM# Plat North, Range 4 Const No X Existing. YesX. Acreage West Town of Bayfield Number of Stories # Superior <u>8</u> (Phone) <u>715-779-567</u>2 22 (Phone) 715 3686 less than 40 San S -5672 Dist

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (arc) providing in or with this application. I (we) consent to county officials charged with administering county ordinances. In have access 19 the above described property at any reasonable time for the purpose of inspection. Owner or Authorized Agent (Signature) Address to send permit Carrier Construction TY S The state of the s 34780 So. Cry Huy S to the above des Baybield nation I (we) am (are) providing it all property at any reasonable tim EF F1845 10/3

Copy of Tax Statement or (If you recently purchased the property Attach a Copy of Recorded Deed)

★ See Notice on Back APPLICANT — PLEASE COMPLETE REVERSE SIDE

Permit Issued: Permit Number State Sanitary Number Permit Denied (Date) Date

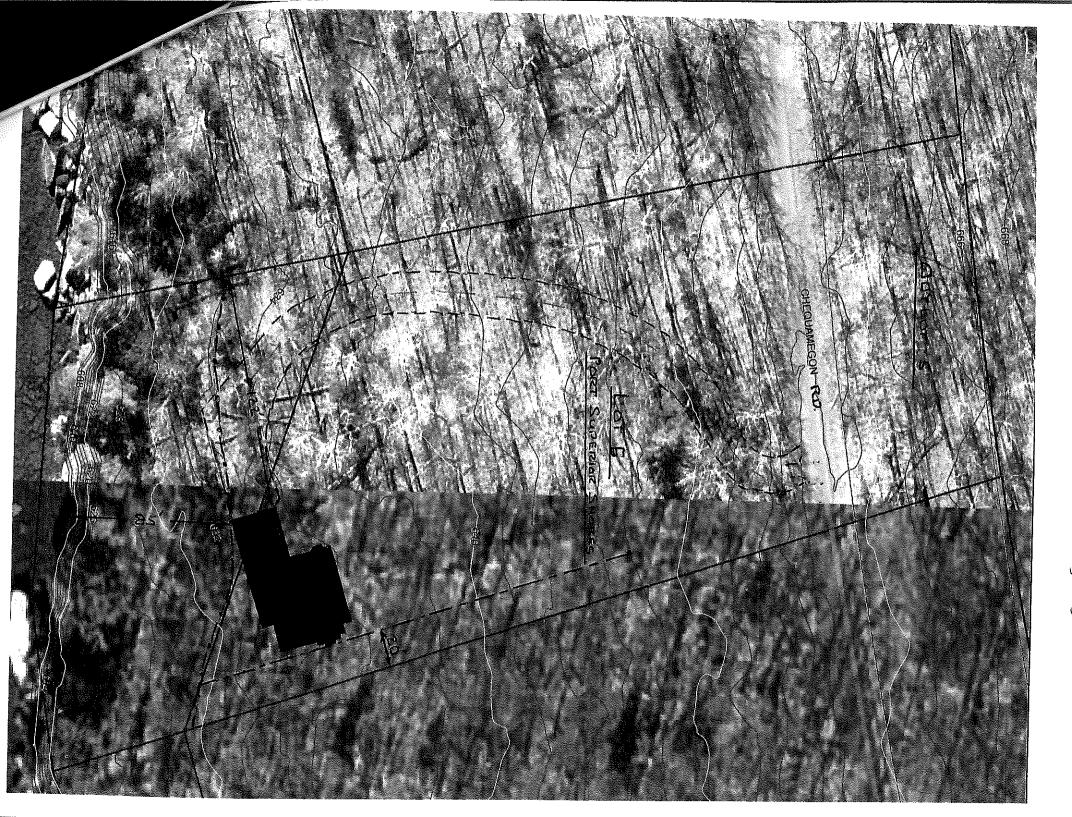
Date 1010 Inspection Record: (10058) Reason for Denial: HOW BANDY 2 Dans -M-(Frank a water With a B \$ 50 FE THE PRINTED 1/20 Agest. Date of Inspection heek PARKED STATES ō do anapurat our

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B Condition: A OXIGE Mitigation Plan Required: GNEWAY. AS KING HE MUMINIAN ANDIONION CHANGE Durakions show were és Sumach Prior 2 CAN BA <u> 460</u> 2 Z Salar Salar B 东 するか 曹 8 perkup Californical BAYKED OSTACES Variance (B.O.A.) # Teca for SS 1060 Date of Approva 200 Marsand demin

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